

APPLICATION FOR MEMBERSHIP



ABN 42 009 664 000

The Secretary
National Association of Cinema Operators-Australasia

I,..... of
(applicant's full name)

.....
(company)

.....ABN:.....
(Postal address)

..... (Suburb or City) (State) (Postcode)

Ph:(.....).....Fax:(.....).....(Email).....
(for newsletter notifications)

agree to become a member of the National Association of Cinema Operators-Australasia and agree to be bound by the Rules of the said Association, and declare the number and location of theatres owned, controlled and operated by me, and the number of screens contained in such theatres, to be:-

COMPANY NAME (S) (if operating under more than one name)	CINEMA NAME/ LOCATION (S)	NO. SCREENS

(Should you require additional space to include the names and addresses of all Theatres covered by this membership, please attach a listing to this application)

Fees will be calculated on the basis of the total number of screens operated by the applicant at the rate of \$25 (ex GST) per screen for the first nine (9) screens, then \$50 (ex GST) per screen thereafter.

EXAMPLES OF CALCULATIONS only – fees will be charged on the ACTUAL number of screens operated.					
# screens	Rate	Total	# screens	Rate	Total
1	1 @ \$25	\$25 + GST	30	9 @ \$25 + 21 @ \$50	\$1,275 + GST
2	2 @ \$25	\$50 + GST	45	9 @ \$25 + 36 @ \$50	\$2,025 + GST
4	4 @ \$25	\$100 + GST	60	9 @ \$25 + 51 @ \$50	\$2,775 + GST
9	9 @ \$25	\$225 + GST	100	9 @ \$25 + 91 @ \$50	\$4,775 + GST
10	9 @ \$25 + 1 @ \$50	\$275 + GST	300	9 @ \$25 + 291 @ \$50	\$14,775 + GST
15	9 @ \$25 + 6 @ \$50	\$525 + GST	450	9 @ \$25 + 441 @ \$50	\$22,275 + GST

Dated this.....day of.....20 .

Applicants Signature.....

Please return completed application form to the:
Secretary, NACO, PO Box 667, Stones Corner Qld 4120. On acceptance of your application an invoice for applicable membership dues for the ensuing financial year will be forwarded to you.